

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598593

FILING DATE

10 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		1				
10		1				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		4				
28		0				
29		0				
30		0				
31		0				
32		4				
33	1					
34		1				
35		2				
36		0				
37		0				
38		1				
39		1				
40		1				
41		1				
42		1				
43		0				
44		0				
45		0				
46		0				
47	1					
48		0				
49		0				
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	59	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						